

# Better health, better care, better value

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## Business plan

April 2015

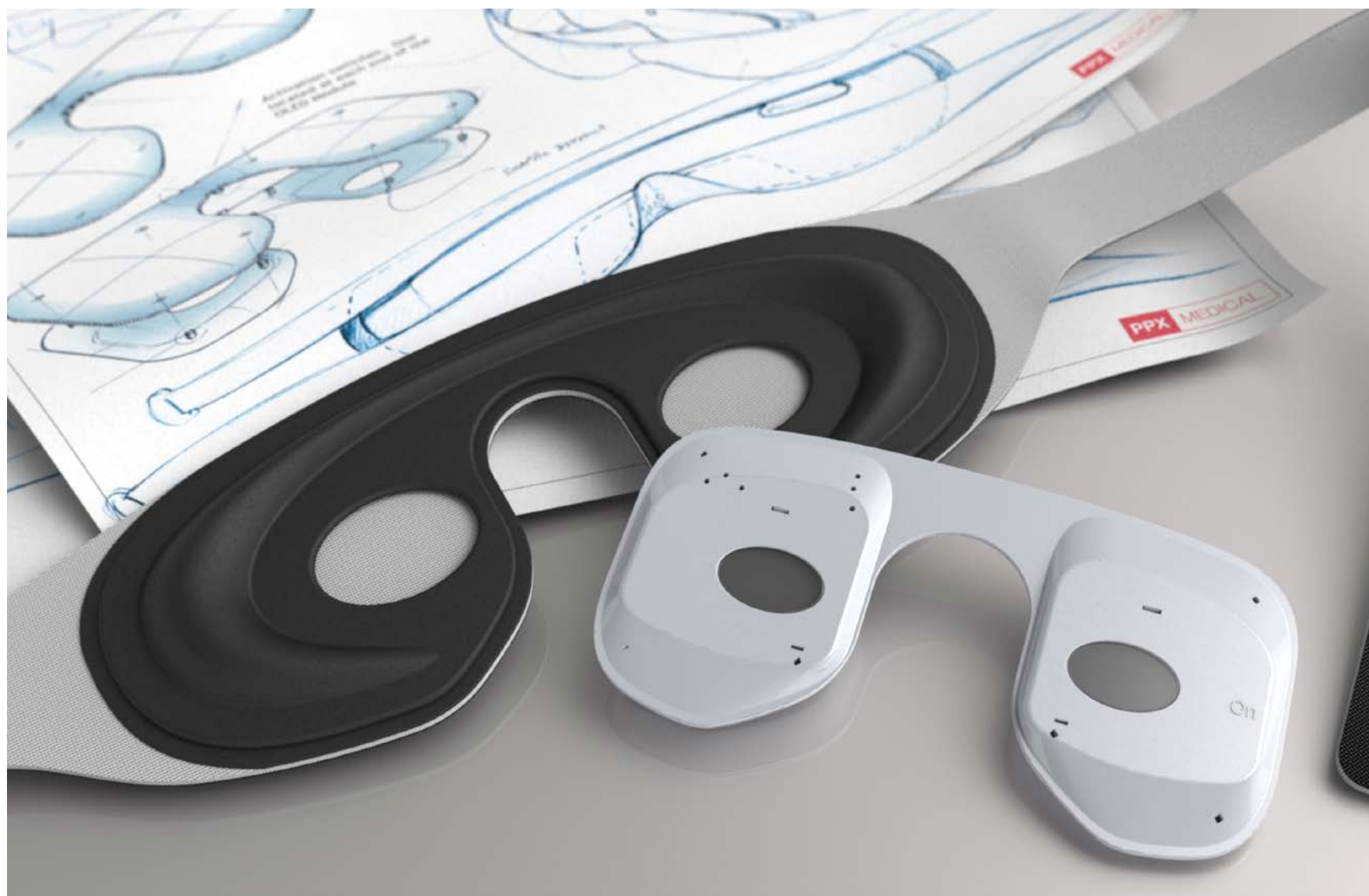


# Moving forward in 2015/16

## Headline developments include:

- A high impact, sustainable contribution to maintain the vitality and independence of older people.
- Greater support and advocacy to secure an enhanced role for the voluntary sector.
- Increased impact in our work with industry by proactively seeking partnerships with market ready innovations with the highest potential.
- A programme of work with Higher Education Institutes to engage a wider academic community in the challenges of health and social care.
- A higher impact service improvement portfolio delivering better health, better care and better value for people in Kent, Surrey and Sussex.
- New tools to benefit members by supporting their service delivery and improvement activity.

“ High impact sustainable contribution to maintain the vitality and independence of older people ”



# How we improve care

Our approach to service improvement has already improved care for over 190,000 patients. This year, and in following years, we will make sure even more patients benefit from clinical best practice. For instance, we backed an emergency laparotomy project originating at the Royal Surrey County Hospital NHS Foundation Trust which won £500,000 funding from the Health Foundation. It will connect clinicians to share a new clinical pathway at over 20 hospitals across the south of England. It will save lives.

We've accelerated the adoption of proven innovations. For instance, working with PolyPhotonix we have cut development times for their Noctura 400 sleep mask (pictured below), a new treatment for diabetic retinopathy. We have provided project management support to GroundVision, enabling their early warning system to alert clinicians early to deteriorating patients. In this and future years we will speed up the adoption of these and other high potential new innovations.

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It offers better health, better care, better value.

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We have worked with NICE to publish research into the impact of intra-operative fluid management technologies during surgery. Clarifying the evidence base unlocked faster adoption. Hospitals in Kent, Surrey and Sussex are achieving the highest uptake of this technology nationally.

This plan sets out where we will invest in a sustainable healthcare innovation network over the next three years.

It offers better health, better care, better value.

# Our partners

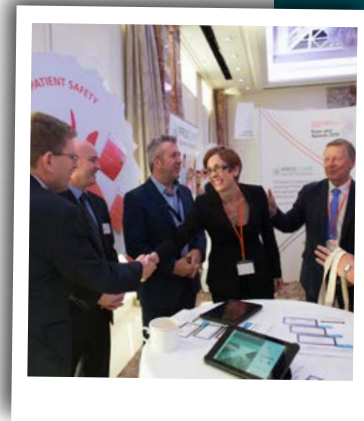
People in our region live longer than anywhere else in the country. Our public services need to maintain the independence and vitality of our older people for longer.

Innovation is advancing healthcare faster than ever but innovation for transformation is needed to improve care as well as cures. Innovation needs support for greater collaboration can unlock the real power of health and care innovation for Kent, Surrey and Sussex. Our network strengthens collaboration and accelerates the adoption of the best innovation.

The common purpose of our partners is to accelerate the introduction of sustainable new models of care, driving better health, better care and better value.

To support sustainable new models of care we have a new formal partnership with Age UK, strengthening their headquarters team and accelerating the introduction of Age UK care co-ordinators in Kent, Surrey and Sussex.

We work closely with other AHSNs who are increasingly important delivery partners.



# How we work

Our network accelerates healthcare innovation to bring better outcomes for patients.

By building strong relationships, we will ensure the services we provide meet the needs of members and partners and are valued.

Our collaborative approach supports members and partners as we work together to make a difference in Kent, Surrey and Sussex.

Our business plan is built on our core values:





# Our network for impact



## By 2018 we will:



# Membership

Our growing membership benefits from data and knowledge sharing, new collaboration opportunities and sector specific services. We have a track record of supporting successful funding bids.

We provide a wide variety of events including seminars, clinical collaboratives, a partnership day, two cross community study tours and high profile expo and awards that bring together industry and clinicians.

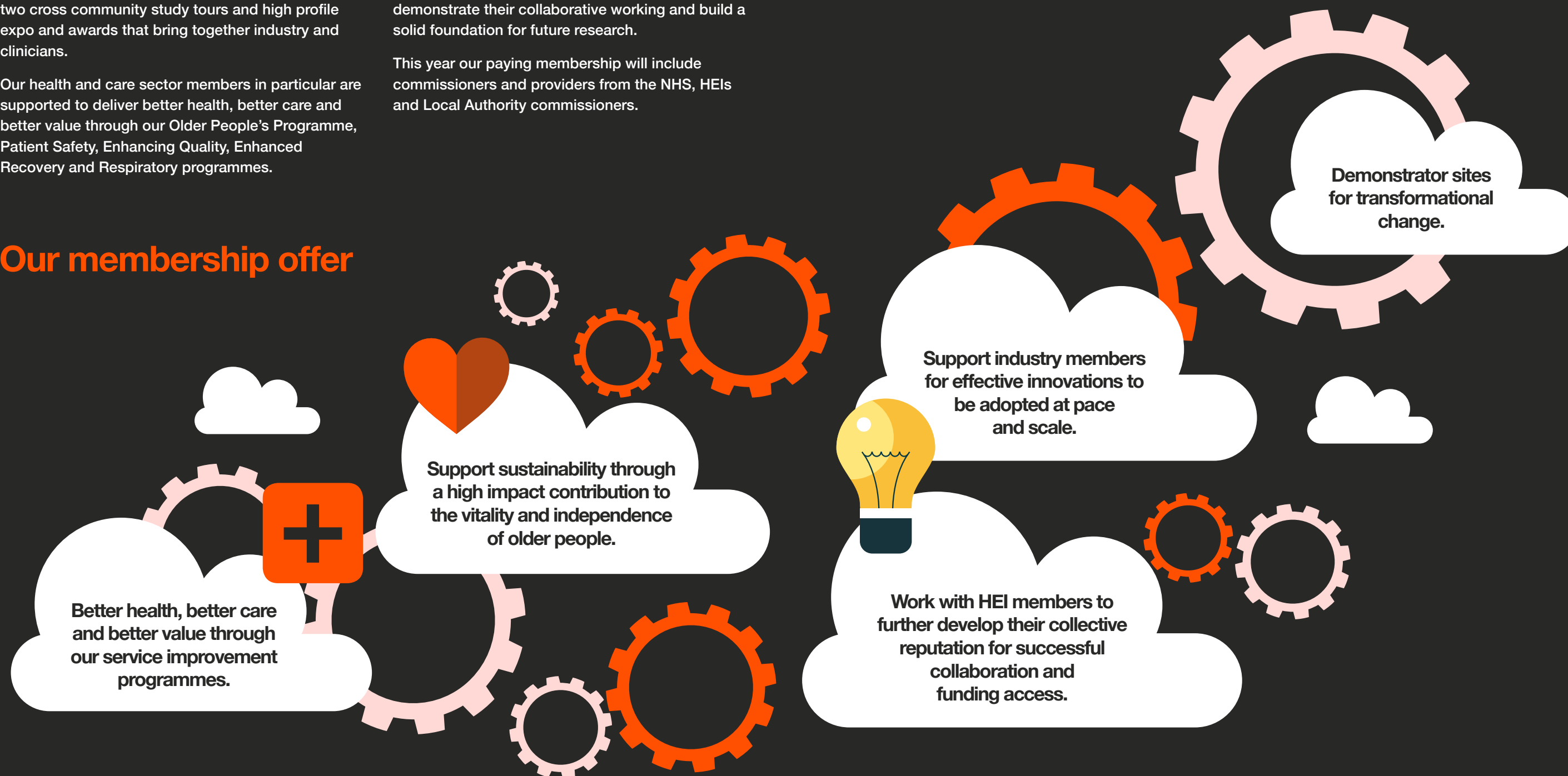
Our health and care sector members in particular are supported to deliver better health, better care and better value through our Older People's Programme, Patient Safety, Enhancing Quality, Enhanced Recovery and Respiratory programmes.

Our innovation service allows industry to interact more freely with the health and care sectors. It helps to identify affordable solutions to health and social care challenges that commissioners and providers need help to address.

We support higher education institutes (HEIs) to demonstrate their collaborative working and build a solid foundation for future research.

This year our paying membership will include commissioners and providers from the NHS, HEIs and Local Authority commissioners.

## Our membership offer



# System leadership support

We are integrating our work and that of the Kent Surrey Sussex Leadership Collaborative in a single work plan.

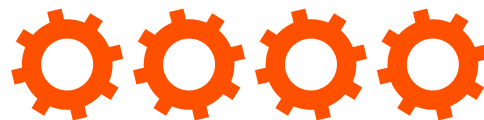
Our leadership and improvement skills development offerings will be integrated so they directly support faster implementation of the Five Year Forward View.

System leadership has been identified as a key area in which regional improvement bodies can make a major difference.



## Key elements

of our joint work plan include:



### Talent nurturing

### Collective leadership development

- Whole system modelling
- 'Rubber windmill' simulations and other seminars and events

### Clinical peer review

### Leadership for safety across organisational boundaries.

# Healthcare

## Our healthcare service improvement programmes deliver:

- Better value by reducing direct costs of delivery.
- Better health by spreading best practice faster and introducing targeted action to help members meet their own and regulatory standards.
- Better care by reducing inappropriate clinical variation.

## Developed in consultation with members and partners our service improvement programmes:

- Support commissioners and providers to achieve improved outcomes for patients through the Enhancing Quality and Recovery programmes: trusted, tested, evidence based, data driven and quality focused improvement methodology.
- Develop new projects with increased impact on care quality, health outcomes and value for money.
- Support organisations to meet CQC / Monitor and other national quality requirements and standards.
- Align to national quality strategies and local priorities as described in provider improvement plans, CCG commissioning plans and agreed CQUINs.
- Deliver productivity and efficiency benefits.
- Improve data collection.
- Enable vibrant local networks to grow and act as delivery vehicles for innovation.
- Integrate our work on the care of older people, those with long term conditions and improve co-ordinated care between sectors.



# Older People's Programme

With member input and encouragement we are investing in an older people's programme. It will catalyse and enable the implementation of sustainable new models of care in Kent, Surrey and Sussex.

The programme aligns with the Five Year Forward View published by NHS England, with its emphasis on innovation to drive transformation.

The current over reliance on emergency hospital beds is not good care, is unaffordable and increasingly difficult to staff. 35% of older people who want to die at home, die in hospital. Better care can be provided in Kent, Surrey and Sussex within funding constraints. More money would be useful, but more money is not the only answer.

The Older People's Programme builds on:

- the Strategic Clinical Network's End of Life Care Clinical Academic Group
- our existing dementia and care home activity
- our joint working with HE KSS, KSS LC, academic and industry partners, and
- a new partnership with Age UK.

Delivering improved health and wellbeing outcomes for older people, and better value, is of critical importance to our health and social care economies, patients, families and communities.

Rising to quality and productivity challenges, we will support commissioners and providers in maintaining older people's vitality and independence for longer.

## Phase one – early impact

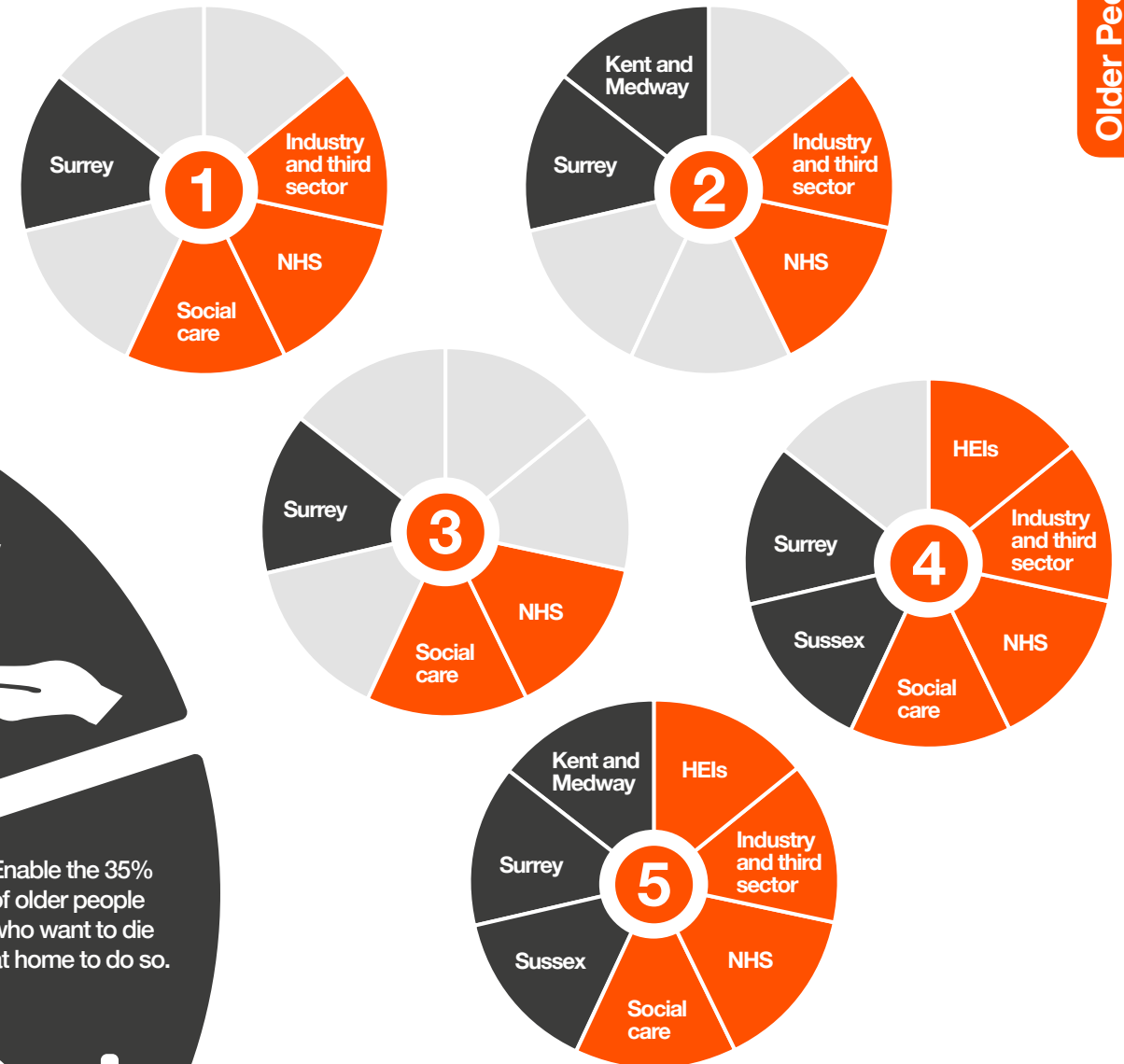
We are focusing our initial delivery efforts on:

- **Advance care planning and end of life care** – accelerating implementation of our local Senate's recommendations to deliver better care and better value.
- **Care homes collaborative** – spreading the proven the Enhancing Quality approach to reduce variation and accelerate the uptake of practice worth spreading to deliver to deliver better care
- **Dementia collaborative** – sharing best practice within a vibrant dementia network to deliver better care and a better environment for positive changes to be introduced.

We have a number of demonstrator projects underway with members and partners in Kent, Surrey and Sussex.



## Demonstrator project partnerships



Demonstrator project	Impact
1 Whole system modeling	Ecosystem: improving the environment for transformation
2 Age UK partnering	Efficiency and better care
3 Collective leadership development	Ecosystem: improving the environment for transformation
4 Innovation acceleration	Efficiency and value for money
5 Balanced scorecard	Ecosystem: improving the environment for transformation



# Enhancing Quality and Enhanced Recovery

Enhancing Quality (EQ) and Enhanced Recovery (ER) are programmes which use a clinically led, award winning methodology to optimise current models of care.

**It has a proven track record:**

- The Community Acquired Pneumonia programme has reduced mortality, saving over 700 lives since 2011.
- Wider adoption of the orthopaedics best practice care bundle means 90% of patients benefit from care in line with best practice compared to 10% in 2012.
- Corresponding length of stay for orthopaedic patients is down across the region from an average of 4.5 days to 3 days.

It is based on a quality improvement collaboratives model. The programmes spread best practice, research evidence and the best new innovations through service improvement networks that bring clinical communities together.

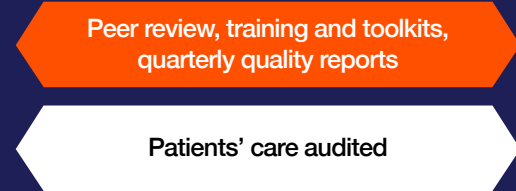
EQ and ER projects implement evidence based processes grouped into care bundles or composites of processes.

Additionally we have incorporated a delivery mechanism for adoption and spread of innovation and research which is embedded within each pathway.

**In 2015/16 we will:**

- Contribute to 430,000 patients receiving consistently high quality care through the EQ and ER programmes by 2018.
- Increase impact and save lives through a new Emergency Laparotomy pathway.
- Introduce further new clinical pathways, and
- Deliver increased impact for participating organisations through:
  1. developing a regional peer review programme
  2. new online improvement toolkits
  3. learning competency frameworks linked to our pathways
  4. hands on improvement support.

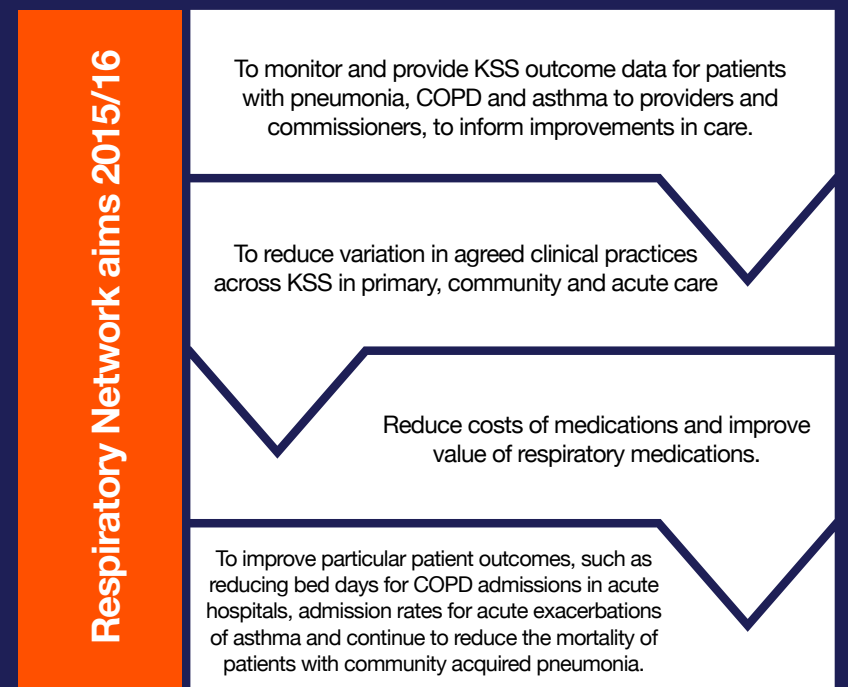
Specific trajectories for reductions in mortality rates, length of stay (LOS) and re-admission rates for EQ and ER pathways will be agreed by our member-led Improvement Programme Board.



## Respiratory programme

Respiratory diseases are a high incidence and high cost group of long term illnesses, both in terms of patient quality of life and financially.

The three main diseases within this programme of work are chronic obstructive pulmonary disease (COPD), asthma and pneumonia. In line with our improvement programme principles, our aim is to improve the clinical outcomes and reduce clinical variation for patients with respiratory disease, of all ages, in all care settings, across Kent, Surrey and Sussex (KSS).





# Kent Surrey Sussex Patient Safety Collaborative

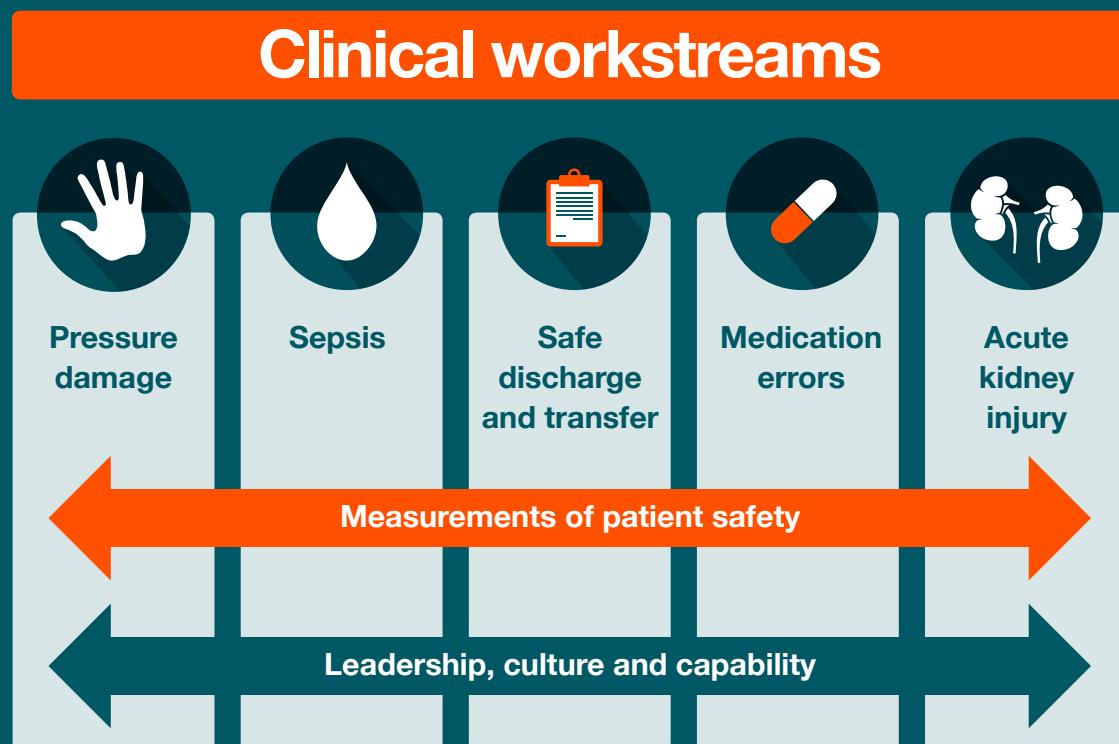
The vast majority of people in KSS receive safe and high quality care from health and social care services. But things do sometimes go wrong and when it does it causes unnecessary distress and pain to patients and their families. It also costs the taxpayer millions of pounds.

As part of the government's response to the recommendations of the Francis report, and Don Berwick's recommendations for patient safety, a national network of 15 patient safety collaboratives have been established across England. Their focus is improving safety for patients using evidence based improvement science.

From hospital care to care in custody, and from GP practices to mental health trusts, the patient safety collaboratives address safety issues in every healthcare setting in a way never attempted before. They are inclusive, bringing together people from all care sectors, working with patients and carers, frontline staff and management, academics and colleagues from industry.

The patient safety collaboratives identify issues, then design, implement and evaluate the solutions.

**Areas of focus are:**



# Industry and enterprise

We have well established links with industry through trade associations, networks and individual companies. We bring together health and industry partners to pursue opportunities of mutual interest using some of our established clinical networks and experts, plus those of the four Strategic Clinical Networks and Senate.

Our approach to industry focuses on identifying affordable and higher impact products.

We are collaborating with other AHSNs and improving the availability of information to support engagement between the health and social care system and industry. This supports the NHS Five Year Forward View's intent to "... take practical steps to support innovation and accelerate its adoption, including supporting National Innovation Accelerator sites", and support the national SBRI programme, hosted by Eastern AHSN.

In 2015/16 we will

Identify and accelerate high impact innovation

£££££ Capitalise on funding from HE KSS, on new assets at the University of Surrey

(£70 million 5G Research Centre, and new Engineering for Health building).

# Academia and collaboration enhancement

Our focus on accelerating the spread and adoption of high potential, proven innovation informs our approach to working with HEI colleagues.

We will achieve added impact by engaging with departments which are not traditionally involved in the health and social care sector – such as business

schools and engineering departments - as well as with those who are. In addition we will support the NIHR Clinical Research Network to develop research capability.

## In 2015/16

we will have identified three areas on which to focus:



**Extend and deepen our engagement with academia, enabling knowledge exchange and understanding with a wider academic audience for mutual benefit and new collaborations**



**Support the establishment of one or more clinical trials unit within KSS**



**Support cross organisation collaboration within the research and academic communities.**

# Healthcare metrics 2015/16

## Older People's Programme

### Ecosystem development

Develop programme through collaborative approach with key stakeholders measured by frequency and numbers involved in engagement events. Establish Older People's Programme board.

Improving mental wellbeing, care in care homes and supporting people at the end of their life to die comfortably in their setting of choice.

### Efficiency

Specific measurable KPIs identified and introduced in Q3 following agreement of Phase 2 scope.

Suite of locality transformation support offers validated in at least one locality by end Q2

- Whole System Modelling
- Collective leadership development
- Balanced scorecard as described above
- Innovation acceleration
- Age UK care co-ordination

### Effectiveness

Specific measurable KPIs identified and introduced in Q3 following agreement of Phase 2 scope.

Four KSS localities benefiting from Age UK care co-ordinators by end Q4

Four localities benefiting from Whole System Modelling by end Q4

Specific measurable KPIs and tools identified and introduced in Q3, potentially:

- care home metrics
- increased proportion of older people with advanced care plans
- increased proportion of people dying in the place of their choice
- accredited tool for improved patient reported quality of life
- accredited tool for improved patient reported mental wellbeing

## EQR and Respiratory

### Ecosystem development

#### EQ and ER combined:

- More than 500 health and social care clinicians attending EQR collaboratives (excluding Respiratory Network events) by the end of Q4.
- More than 10 EQR collaboratives and learning events held (excluding Respiratory Network events) by the end of Q4.
- 10 trust/quality board EQR performance reports produced quarterly.
- At least five case studies of best practice published by the end of Q4.
- Principles of Enhanced Recovery adopted faster in other AHSN regions by the end of Q4.

#### Respiratory:

- At least 200 clinicians attending respiratory collaboratives and PR, NIV, oxygen network events by the end of Q4.
- At least five Respiratory collaboratives and training and learning events held by the end of Q4.
- Four 'Breathing Matters' publications to be produced by the end of Q4.
- Development of PR rehabilitation research project by the end of Q4.
- Development of learning competency framework for management of acute NIV by the end of Q4.

### Efficiency

#### EQ and ER combined:

- Improved value for money/return on investment of programmes delivered compared to 14/15 costs: to be agreed with the IPB by end July 2015
- Reducing data collection burdens by using at least two national audits to deliver secondary care EQR programmes by Sept 2015

#### Respiratory:

- Reduction in COPD 30 day re-admissions (across trusts participating in discharge bundle) and associated costs thereof. A trajectory for these reductions and cost savings to be agreed by July 2015 and impact demonstrated in Q4.

### Effectiveness

#### EQ and ER combined:

- More than 270,000 patients benefiting from reductions in unwarranted clinical variation and EQR best practice delivery
- At least five full EQR peer reviews undertaken across KSS by the end of Q4.
- Reduced rate of deaths following emergency laparotomy procedure (target baseline and reductions to be agreed Sept 2015).
- Improved patient experience/satisfaction measures assessed through at least three snapshot audits in 2015/16.

#### Respiratory:

- Increase in care bundle delivery for COPD, community acquired pneumonia (CAP) demonstrating reductions in unwarranted clinical variation (trajectory to be set May 2015) and impact demonstrated in Q4.
- Reduction in proportional 30 day readmission rates for COPD patients across trusts participating in discharge bundle - trajectory to be set July 2015 and impact demonstrated in Q4.
- Reduction in rate of death of patients with CAP - target reduction agreed May 2015 impact demonstrated in Q4.

## Patient Safety Collaborative

### Ecosystem development

- Reach: number of organisations and clinicians involved.
- Number of organisations Signed up to Safety.
- Shared learning events held.
- Reduced range in the incident reporting rate in KSS organisations (difference between highest and lowest)
- Current baseline: range of 74.3 incident per 1,000 bed days (86% difference)

### Efficiency




- Reducing the proportion of population deaths coded having a primary or underlying cause of: sepsis, medication error, AKI or pressure damage
- Increasing the number of trained 'safety faculty' individuals by 2016.

### Effectiveness

- Medication incident reporting rate increased (current baseline: 6.2 per 1,000 bed days)
- Reduced rate of incidence of pressure damage cat II-IV. (current baseline: 0.9% -all settings)
- Reduced rate of deaths from AKI (current baseline: 10%)
- Reduced rate of deaths from sepsis (current baseline: 17%)



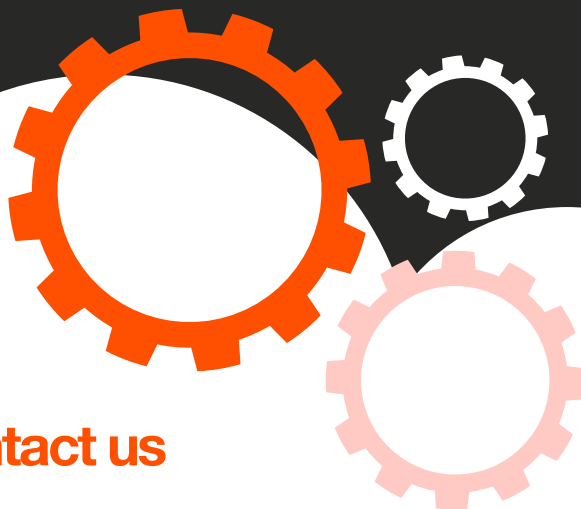
## Work programme benefits

Programme development	 Benefits for patients and the public	 Benefits for our members	 Benefits for members' staff	 Benefits for the local health economy	 Benefits for UK PLC
<b>EQ, ER and Respiratory programmes</b>	Giving the public the confidence and assurance that they are getting the best quality of care, improving their experience.	Strengthened capability to deliver quality improvement, reduce unwarranted clinical variation, and measure the impact of new approaches against regional benchmarks.  Engaged groups of clinicians focused on quality improvement and innovation.	Knowledge sharing and learning networks with regional peers which support professional development.	Region wide clinical communities, able to spread and adopt new innovations at pace within the NHS.	Healthier working age population.  Investment in UK PLC to be internationally competitive in delivering the best patient care.
<b>Older People's Programme</b>	Maintain vitality and independence for longer.	Support for faster implementation of sustainable new models of care.	Improved joint working with colleagues in partner organisations.  Better access to data and benchmarking on activity.	Faster integration across care sectors.  Reduced pressure on urgent and emergency care system.	More independent older population.  Health and social care cost avoidance.
<b>Patient Safety Collaborative</b>	Reduces the chance of experiencing avoidable harm when receiving health and social care.	Improved capability, capacity and leadership to reduce avoidable harms.  Engaged groups of clinicians focused on patient safety improvement and innovation.	Supports culture of transparency and openness in the workplace.	Safer services reduce care costs and litigation costs.	Healthier working age population and faster return to work after episode of care.
<b>Industry and enterprise</b>	Improved access to the most effective innovations which will improve the quality of treatment and healthcare outcomes.  Getting the best outcomes from medications.	Reduction in the cost of discovering effective new innovations and accelerated access to the most effective new innovations.  Reduce wastage of medicines. Improve safety in the use of medicines.	Assurance that innovations have been evaluated by a range of senior clinicians.  Support staff to develop an approach with patients, enabling them to take more ownership of their treatment.	The most effective innovations taken up in a more co-ordinated way – lower costs and better joint working.  Patients able to take more responsibility for their own health and care.  Reducing medication errors reduces NHS costs.	Increased investment in the best innovations and companies.  Increased exports NHS tested and evaluated of products.  Healthier population.  Supports UK pharmaceutical sector.
<b>Academia and collaboration enhancement</b>	Access to services based on latest research and to clinical trials.	Improved access to the latest research and innovations and collaboration with enhanced research capability.	Increased opportunity to work with other innovators and researchers from other sectors and other HEIs.	Improved integration and sharing of best practice across organisations.	Development of new products and services.

# Better health, better care, better value

For residents, researchers, innovators and health  
and social care professionals.

That's what our business plan is all about.



## Contact us

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